



Short Term Vacation Rentals (STVR)

Application for Certificate of Use and Occupancy:

Municipal Code Title 13 Chapter 2

Date of Application		Certification is valid for 365 days from the date the permit is issued. Please reapply annually.	
STVR Address			
Homeowner's Name			
Homeowner's Address			
Homeowner's Email		Homeowner's Phone Number	
*Responsible Party Name	*Resides or located within 25 miles of the STVR and is responsible for addressing maintenance & safety concerns. Sec.13-203		
Responsible Party Address			
Responsible Party Email		Responsible Party Phone Number	
Maximum Sleeping Rooms that a residential dwelling can contain is four (4). More than four (4) sleeping rooms would require meeting different building codes and cannot be used as a STVR. See attached ordinance Section 13-201.			# NUMBER OF SLEEPING ROOMS:
Maximum Occupancy which is based on sleeping rooms: 1 Sleeping room = 4 occupants, 2 sleeping rooms = 6 occupants, 3 sleeping rooms = 8 occupants, 4 sleeping rooms =10 occupants. OCCUPANT MEANS ALLOWED ON THE STVR PROPERTY. See attached ordinance Section 13-211.			

1. Applicant has attached a copy of insurance. See attached ordinance Section 13-204.
2. Applicant has attached a copy of Neighbor Notification Letter with Certified Mail Receipt. **Only required when sharing a wall or driveway.** See attached ordinance Section 13-205.
3. Applicant has read Section 13-208 Smoke Detectors required and has installed and will maintain the smoke detectors. See attached ordinance Section 13-208.
4. Applicant has read the attached form Initial Business Tax and License & Renewal. If a business tax license is required at this time, please submit one. See attached ordinance Section 13-215.
5. Applicant has read all attachments and hereby agree, by signing below, to abide by all of the requirements of the City of Franklin Municipal Code, the Zoning Ordinance, and the city's adopted building and construction codes. A copy of the Municipal Code Title 13, Chapter 2 Short Term Vacation Rentals has been provided to the applicant.

Owner's signature: _____ Date: _____

BNS USE ONLY: Received by: _____ Date: _____

Service Request # _____ Base Zoning District _____ Square footage of structure _____